

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Cardiology Political Action Committee

ADDRESS (number and street) ▼

2400 N St NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20037-1153

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00375360

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
01 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carlton G. Davids

Signature of Treasurer

Carlton G. Davids

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 20 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">71359.29</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">71359.29</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">68735.81</span>	<span style="border: 1px solid black; padding: 2px;">68735.81</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">140095.10</span>	<span style="border: 1px solid black; padding: 2px;">140095.10</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">2544.17</span>	<span style="border: 1px solid black; padding: 2px;">2544.17</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">137550.93</span>	<span style="border: 1px solid black; padding: 2px;">137550.93</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 01 / 01 / 2013

To:

 M M / D D / Y Y Y Y  
 01 / 31 / 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

58746.73

58746.73

(ii) Unitemized .....

7334.17

7334.17

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

66080.90

66080.90

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

66080.90

66080.90

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

2654.91

2654.91

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

68735.81

68735.81

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

68735.81

68735.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2544.13	2544.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2544.13	2544.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.04	0.04
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.04	0.04
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2544.17	2544.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2544.17	2544.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	66080.90	66080.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.04	0.04
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66080.86	66080.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2544.13	2544.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2654.91	2654.91
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-110.78	-110.78

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 34  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian G. Abbott M.D., F.A.**

Mailing Address 12 Woodhaven Rd

City

Barrington

State

RI

Zip Code

02806-4322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brown/ Rhode Island Hospital

Occupation

NUCLEAR CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2013

Transaction ID : B46F8292750F6508F80

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jay H. Alexander M.D., F.A.**

Mailing Address 2256 Carlyle Ct

City

Buffalo Grove

State

IL

Zip Code

60089-4695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore Cardiologists, SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2013

Transaction ID : 4F02A9C3CEF084973783

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Harvey L. Alpern M.D., F.A.**

Mailing Address 1223 Wilshire Blvd  
# 756

City

Santa Monica

State

CA

Zip Code

90403-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 31 / 2013

Transaction ID : 63ADF396CF5632ED364

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1615.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Juan M. Aranda Jr., M.D.,**

Mailing Address 356 Turkey Crk

City

Alachua

State

FL

Zip Code

32615-9367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shands at the University of Florida

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	3

**Transaction ID : 4BC2AFD2B7A5D973824A**

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**B. John Russell Bailey M.D., F.A.**Mailing Address 1718 E 4th St  
Ste 501

City

Charlotte

State

NC

Zip Code

28204-3197

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	3

**Transaction ID : F7E350F1766F0D3DFA3**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Jennifer Ray Beckman CAE, MBA**Mailing Address 3208 E Colonial Dr  
Ste 264

City

Orlando

State

FL

Zip Code

32803-5127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Chapter, American College of C

Occupation

ADMINISTRATION

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	3

**Transaction ID : FAD491585B4DD9602D7**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1708.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gerald G. Blackwell M.D., F.A.**

Mailing Address 1733 Orchard Pl

City  
Kingsport

State Zip Code  
TN 37660-4523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Heart Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2013

**Transaction ID : EDF97C248576EEA2F8D**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kenneth P. Brin M.D., Ph.D**

Mailing Address 528 Castle Wynd Dr

City  
Loves Park

State Zip Code  
IL 61111-8967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwest Heart Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 19 / 2013

**Transaction ID : 0523553A-9B8B-4967-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Juan J. Cabanero M.D., F.A.**

Mailing Address 4503 Stone Post Ct

City  
Seneca

State Zip Code  
SC 29678-1655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

01 / 31 / 2013

**Transaction ID : 72A57DF380F5C1DD698**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2375.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. William B. Calhoun M.D., F.A.**

Mailing Address PO Box 2519

City	State	Zip Code
Tupelo	MS	38803-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiology Associates of North MississOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2013

Transaction ID : D660A3A033BE1D8EA16

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey F. Caren M.D., F.A.**Mailing Address 8635 W 3rd St  
Ste 890W

City	State	Zip Code
Los Angeles	CA	90048-6117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2013

Transaction ID : 5F91EAD3CDE08BD2A54

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Leway Chen M.D., M.P.**Mailing Address 601 Elmwood Ave  
# 679-T

City	State	Zip Code
Rochester	NY	14642-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of RochesterCardiology UnitOccupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2013

Transaction ID : 73607BF906BE6DADCD2

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. George H. Crossley III, M.D.,**

Mailing Address 276 Stratton Pl

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 09 / 2013

**Transaction ID : 42FA8251CB42E4824DC3**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. George H. Crossley III, M.D.,**

Mailing Address 276 Stratton Pl

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2013

**Transaction ID : 4E5989186425E9222136**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Sharon M. Dailey M.D., F.A.**

Mailing Address 4469 Fredericksburg Dr

City

Mountain Brk

State

AL

Zip Code

35213-1838

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 30 / 2013

**Transaction ID : 564B7812423B1DF3AE3**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

865.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John U. Doherty M.D., F.A.**

Mailing Address 432 Pine St

City

Philadelphia

State

PA

Zip Code

19106-4214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	0		2	0	1	3		

**Transaction ID : 6EC1449C096E7514623**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Joseph P. Drozda Jr., M.D.,**

Mailing Address 36 Picardy Hill Dr

City

Chesterfield

State

MO

Zip Code

63017-7127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sisters of Mercy Health System

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	3		2	0	1	3		

**Transaction ID : 32A560D0-1BA9-457B-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Raymond E. Dusman Jr., M.D.,**

Mailing Address 2109 Turnberry Ln

City

Fort Wayne

State

IN

Zip Code

46814-9394

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkview Physicians Group-Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	6		2	0	1	3		

**Transaction ID : 01342857-3E6D-4B1D-**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Arthur Lee Eberly III, M.D.,**

Mailing Address PO Box 8795

City  
GreenvilleState  
SCZip Code  
29604-8795FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolina Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : 495B867530452251A14C**

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

**B. Blair D. Erb Jr., M.D.,**Mailing Address 905 Highland Blvd  
Ste 4330City  
BozemanState  
MTZip Code  
59715-6901FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiology Consultants, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : 443D9A765C7191C263DD**

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**c. John Murray Estess Jr., M.D.,**

Mailing Address 1754 Sunflower Cir

City  
TupeloState  
MSZip Code  
38801-8193FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiology Associates of North Mississ

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : 496B5D042FD9824BE3D**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

782.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peter S. Fail M.D., F.A.**

Mailing Address 225 Dunn St

City

Houma

State

LA

Zip Code

70360-4413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovasc. Inst. of the South

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2013

**Transaction ID : 4CEABD39BDC737ADEC4**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Victor A. Ferrari M.D.**

Mailing Address 3400 Spruce St

City

Philadelphia

State

PA

Zip Code

19104-4208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital of the University of Pennsylv

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2013

**Transaction ID : 8381E2A35C0E5C16F94**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Louis I. Fink M.D., F.A.**

Mailing Address 16 Chardonay Ter

City

Bedford

State

NH

Zip Code

03110-5220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New England Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

01 / 30 / 2013

**Transaction ID : F944CA865E2773D8C13**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Louis I. Fink M.D., F.A.**

Mailing Address 16 Chardonnay Ter

City

Bedford

State

NH

Zip Code

03110-5220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New England Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

01 / 31 / 2013

Transaction ID : 3076C5B69974C9A2B62

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Edward T. A. Fry M.D., F.A.**

Mailing Address 160 E 71st St

City

Indianapolis

State

IN

Zip Code

46220-1012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Care Group LLC

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 31 / 2013

Transaction ID : 27C7D4C793460F47AB5

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**c. Stefanie J. Fry M.D., F.A.**

Mailing Address 300 E Jefferson St

City

Boise

State

ID

Zip Code

83712-6246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 30 / 2013

Transaction ID : A83ECA15956E6881485

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tyler J. Gluckman M.D., F.A.**

Mailing Address 1809 NW Columbine Ln

City

Portland

State

OR

Zip Code

97229-9196

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence St. Vincent Heart Clinic -

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 06 / 2013

**Transaction ID : 8E2D2BC6-C41E-4099-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John B. Gordon M.D., F.A.**

Mailing Address 6506 El Camino Del Teatro

City

La Jolla

State

CA

Zip Code

92037-6336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

San Diego Cardiac Ctr. Medical Corporat

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2013

**Transaction ID : 822F84FB94541EE79D2**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Thomas A. Haffey D.O., F.A.**

Mailing Address 7089 Orchard St

City

Arvada

State

CO

Zip Code

80007-6910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2013

**Transaction ID : 6142A3BA488EF48DA55**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peter C. Hanley M.D., F.A.**

Mailing Address 2831 Little Turtle Trl

City

Fort Wayne

State

IN

Zip Code

46804-2570

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heart Center Medical GroupLutheran Med

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 31 / 2013

Transaction ID : 38727C5975C7CA2E57E

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Nidal H. Harb M.D., F.A.**

Mailing Address 7000 Jersey Ridge Rd

City

Davenport

State

IA

Zip Code

52807-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2013

Transaction ID : B8B4EAD946C76A71D04

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. John Gordon Harold M.D., M.A.**

Mailing Address 2473 Jupiter Dr

City

Los Angeles

State

CA

Zip Code

90046-1752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cedars-Sinai Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 30 / 2013

Transaction ID : 54B7CFCCF8669E30C62

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3865.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard L. Irvin M.D., F.A.**

Mailing Address 10902 S Erie Ave

City

Tulsa

State

OK

Zip Code

74137-7264

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Warren Clinic Cardiology of Tulsa

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 31 / 2013

Transaction ID : 255293A68251E3F9C7B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Dipti Itchhaporia M.D., F.A.**

Mailing Address PO Box 3696

City

Newport Beach

State

CA

Zip Code

92659-8696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newport Coast Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 30 / 2013

Transaction ID : E39C4118C918913B9A9

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Samuel O. Jones IV, M.D.**

Mailing Address 302 Argo Ave

San Antonio Military Medical Center

City

San Antonio

State

TX

Zip Code

78209-5115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

San Antonio Military Medical Center

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2013

Transaction ID : 73C0277F633ADF0EE2B

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3115.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 18 OF 34  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Jesse Paul Jorgensen M.D., F.A.**

Mailing Address 176 Reserve Dr

City	State	Zip Code
Piedmont	SC	29673-6733

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolina Cardiology Consultants

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2013

Transaction ID : D06AD1882DB044D0EFF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Avinash A. Kothavale M.D., F.A.**

Mailing Address 2 Holden Ln

City	State	Zip Code
Madison	NJ	07940-2614

FEC ID number of contributing federal political committee.

C

Name of Employer

Summit Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2013

Transaction ID : 6D9F13C8-1373-415B-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Austin H. Kutscher Jr., M.D.,**

Mailing Address 29 Shippen Ct

City	State	Zip Code
Flemington	NJ	08822-6835

FEC ID number of contributing federal political committee.

C

Name of Employer

Hunterdon Cardiovascular Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2013

Transaction ID : 8942C32C55F0682D950

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 34  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dhanunjaya R. Lakkireddy M.B.B.S.,**

Mailing Address 14009 Garnett St

City

Overland Park

State

KS

Zip Code

66221-2807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Kansas HospitalMid-Ameri

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2013

Transaction ID : ADB2CCF14FB0B3A9EA4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Thomas J. Lewandowski M.D., F.A.**

Mailing Address 113 Limekiln Dr

City

Neenah

State

WI

Zip Code

54956-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Appleton Cardiology ThedaCare

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

01 / 31 / 2013

Transaction ID : 49E99D1B0499E49D805C

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**C. Peter E. Linz M.D., F.A.**

Mailing Address 777 Jacqueline Ct

City

Encinitas

State

CA

Zip Code

92024-6657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United States Navy

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2013

Transaction ID : D040DB3D-4B13-401E-

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1458.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven G. Lloyd M.D., F.A.**

Mailing Address 5949 Crestwood Cir

City

Birmingham

State

AL

Zip Code

35212-4033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The University of Alabama at Birmingha

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2013

Transaction ID : 8049CDB0A49F3FDD2B9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael Mansour M.D., F.A.**

Mailing Address 1640 Cypress Rdg

City

Greenville

State

MS

Zip Code

38701-6936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2013

Transaction ID : 4ED22E167CD98189A6D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Edward T. Martin M.D., F.A.**

Mailing Address 9533 S 85th East Ave

City

Tulsa

State

OK

Zip Code

74133-6418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2013

Transaction ID : 50A366E2CE09BBFF456

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Daniel A. N. Mascarenhas M.D., F.A.**

Mailing Address 4265 Farmersville Ct

City	State	Zip Code
Easton	PA	18045-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2013

Transaction ID : 23262E493D534A43ED0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David C. May M.D., Ph.D**

Mailing Address 953 Creek Xing

City	State	Zip Code
Coppell	TX	75019-6322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Cardiovascular Specialists, PA

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2013

Transaction ID : 61D6E5362454DE0B420

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ida L. Mazza M.D., F.A.**

Mailing Address 1241 Maplewood Dr

City	State	Zip Code
Maple Glen	PA	19002-1176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : F8724140AA739B62365

Amount of Each Receipt this Period

895.00

SUBTOTAL of Receipts This Page (optional)..... ►

2145.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven L. McCormick M.D., F.A.**

Mailing Address 2930 Chesterfield Ave

City

Charleston

State

WV

Zip Code

25304-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2013

**Transaction ID : AF6B45A4-4766-48AD-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Hugh T. McElerry Jr., M.D.,**

Mailing Address 4931 Windwood Cir

City

Birmingham

State

AL

Zip Code

35242-3439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Alabama At Birmingham

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2013

**Transaction ID : 9C8C19E5-291C-4313-**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Donald B. McElroy M.D., F.A.**

Mailing Address 1020 W Bennett Ct

City

Dunlap

State

IL

Zip Code

61525-9353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

**Transaction ID : 5C6F41EAD67F3F33948**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Margo B. Minissian ACNP-BC, M

Mailing Address 444 S San Vicente Blvd  
Ste 600

City State Zip Code  
 Los Angeles CA 90048-4174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cedars Sinai Heart Institute Womens He

Occupation

PREVENTIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y  
 01 / 29 / 2013

Transaction ID : 42C8923E8ED534F13284

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. William J. Oetgen M.D., M.B.

Mailing Address 647 First St

City State Zip Code  
 Alexandria VA 22314-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 01 / 30 / 2013

Transaction ID : BA0E1F475C5C3C4BAEA

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Donald A. Page M.D., F.A.

Mailing Address 55 Whitcher St NE  
Ste 350

City State Zip Code  
 Marietta GA 30060-1129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellstar Cardiovascular Medicine

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 01 / 31 / 2013

Transaction ID : 8B3ED3D70889B561247

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2208.34

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Geetha Raghuveer M.B.B.S.,**

Mailing Address 5354 Mission Woods Rd

City

Shawnee Mission

State

KS

Zip Code

66205-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Mercy Hospital

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

01 / 31 / 2013

Transaction ID : 4B2ABD5A8A8D66602630

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**B. Ragoor K. Reddy M.D., F.A.**

Mailing Address 1115 Lowry Ave

City

Jeannette

State

PA

Zip Code

15644-3000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2013

Transaction ID : A3AA28387F2B98650C1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Luis F. Rodriguez-Ospina M.D., F.A.**

Mailing Address Alturas De Torrimar

Street 2 Blk 6 #10

City

Guaynabo

State

PR

Zip Code

00969

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VA Caribbean Healthcare System

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2013

Transaction ID : 50527D6765AED53BABA

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

708.34



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 34  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David A. Rosenbaum M.D., F.A.**

Mailing Address 3625 Cherry Plum Dr

City State Zip Code  
Colorado Springs CO 80920-2826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pikes Peak Cardiology

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2013

Transaction ID : 41E38CA6EC3C191F916C

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**B. Kenneth Rosenfield M.D.**

Mailing Address 158 Prince St

City State Zip Code  
Newton MA 02465-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Massachusetts General HospitalCardiolo

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1036.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 30 / 2013

Transaction ID : 388D8C13731F5909518

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kenneth Rosenfield M.D.**

Mailing Address 158 Prince St

City State Zip Code  
Newton MA 02465-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Massachusetts General HospitalCardiolo

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1036.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 30 / 2013

Transaction ID : 9611F368C54252F2D94

Amount of Each Receipt this Period

36.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1244.34

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sirumugai M. Saravanan M.B.B.S.,**

Mailing Address 1116 N 16th St

City

Lafayette

State

IN

Zip Code

47904-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clarian Arnett Health

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	3

**Transaction ID : 261C0C6FC18A6C6C53D**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Michael A. Scherlag M.D., F.A.**

Mailing Address 4050 W Memorial Rd

City

Oklahoma City

State

OK

Zip Code

73120-8382

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Heart Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	3

**Transaction ID : 25E3C87FB9F9F31B8A6**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. A. Allen Seals M.D., F.A.**

Mailing Address 113 Teal Pointe Ln

City

Ponte Vedra Beach

State

FL

Zip Code

32082-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baker &amp; Gilmour Crdvsclr Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	3

**Transaction ID : D9292C285CA9248A433**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3865.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Robert A. Shor M.D., F.A.**

Mailing Address 11211 Bright Pond Ln

City	State	Zip Code
Reston	VA	20194-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Cardiovascular Group, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2013

Transaction ID : 8B35317A2DAB485B265

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. John W. Shuck M.D., F.A.**

Mailing Address 1100 Forrest Ave

City	State	Zip Code
Dover	DE	19904-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

Transaction ID : 4189B6E18E4B10274AD6

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**c. George L. Smith Jr., M.D.,**

Mailing Address 3420 Montecito Ave

City	State	Zip Code
Santa Rosa	CA	95404-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northern California Medical Ass

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2013

Transaction ID : C7D2B21ED98C21D9C78

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3708.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Suma A. Thomas M.D., F.A.

Mailing Address 7620 Old Georgetown Rd  
 Apt 1214

City State Zip Code  
 Bethesda MD 20814-6182

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 28 / 2013

Transaction ID : 4771917F1EDD43A5B4D8

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

B. C. Michael Valentine M.D., F.A.

Mailing Address 1487 Langhorne Rd

City State Zip Code  
 Lynchburg VA 24503-2515

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

The Cardiovascular Group-Centra

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 30 / 2013

Transaction ID : 2DF85EFFCF8110D37B9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Uma S. Valeti M.B.B.S.,

Mailing Address 856 Great Oaks Trl

City State Zip Code  
 Saint Paul MN 55123-2434

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

University of Minnesota

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 30 / 2013

Transaction ID : 3D91F8465B4D3026643

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2208.34

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William A. Van Decker M.D., F.A.**

Mailing Address 1051 Montgomery Ave

City

Penn Valley

State

PA

Zip Code

19072-1605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Temple University Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 31 / 2013

**Transaction ID : AB6A56370858184ACAC**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Hector O. Ventura M.D., F.A.**

Mailing Address 1514 Jefferson Hwy

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ochsner Clinic Foundation Dept of Cardi

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2013

**Transaction ID : 2E2C6DBD3D34E8029CA**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Thad F. Waite M.D., F.A.**

Mailing Address 1017 Richburg Rd

City

Hattiesburg

State

MS

Zip Code

39402-9055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

01 / 31 / 2013

**Transaction ID : 400BA175EE8A80A8FC35**

Amount of Each Receipt this Period

208.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

1458.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 34  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Howard T. Walpole Jr., M.D.,**

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37215-4123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.67

Date of Receipt

01 / 09 / 2013

Transaction ID : 43F3B5EF26A70449E7FC

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

**B. Paulette S. Wehner M.D., F.A.**

Mailing Address 1249 15th St  
Ste 4000

City

Huntington

State

WV

Zip Code

25701-3663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Cardiovascular

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2013

Transaction ID : 73A994ECB5592CEAB31

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Richard F. Wright M.D., F.A.**

Mailing Address 1038 S Carmelina Ave

City

Los Angeles

State

CA

Zip Code

90049-5810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2013

Transaction ID : 4436AC3232BCD19724E2

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1666.67

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mohammad B. Yousaf M.D., F.A.**

Mailing Address 2110 Presidential Dr

City

Charleston

State

WV

Zip Code

25314-2369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Charleston Card. Assoc.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 31 / 2013

Transaction ID : E8D8A8381B1B1B7B9C4

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James Patrick Zidar M.D., F.A.**

Mailing Address 4414 Lake Boone Trl  
Ste 402

City

Raleigh

State

NC

Zip Code

27607-7520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rex Heart and Vascular Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 11 / 2013

Transaction ID : 4890E7DD-89EE-4F78-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. William A. Zoghbi M.D., F.A.**

Mailing Address 6550 Fannin St  
# SM-677

City

Houston

State

TX

Zip Code

77030-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Methodist DeBakey Heart & Vascular Cen

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 30 / 2013

Transaction ID : E871F3E2128ABFD594B

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3500.00

**TOTAL** This Period (last page this line number only)..... ►

58746.73

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 34

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American College of Cardiology - Admin Account**

Mailing Address P.O. Box 85024

City State Zip Code  
 Richmond VA 23285-5024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2654.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 04 2013

**Transaction ID : 1A39FBB294BD065C0B8**

Amount of Each Receipt this Period

2654.91

Reimbursement for December Amex Fees and January Merchant Fees

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2654.91

2654.91



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
January 2013 Amex Fees

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Transaction ID : V90800CB3A5C35F4547A

Amount of Each Disbursement this Period

94.49
-------

Full Name (Last, First, Middle Initial)

**B. Wells Fargo, N.A.**Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City	State	Zip Code
Knoxville	TN	37920

Purpose of Disbursement  
January 2013 Merchant Fees

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		02		2013

Transaction ID : M0A447726AC5247D0882

Amount of Each Disbursement this Period

2449.64
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2544.13

2544.13

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Howard T. Walpole Jr., M.D.,**

Mailing Address 31 Northumberland

City  
NashvilleState  
TNZip Code  
37215-4123Purpose of Disbursement  
Partial Refund of 2012 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2013

Transaction ID : 5BA6B6CD83E4A6FB6BA

Amount of Each Disbursement this Period

0.04
------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.04
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0.04
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